

## Pediatric Rules and Reminders

### **Anemia, (Age >7months AND <17 months), Due for anemia screening**

#### **Clinician Summary**

U.S. Preventive Services Task Force (1996) Recommendation:

Screening for iron deficiency anemia using hemoglobin or hematocrit is recommended for:

- Pregnant women.
- High-risk infants.

There is insufficient evidence to recommend for or against routine screening for iron deficiency anemia in other asymptomatic persons, but recommendations against screening may be made on other grounds. Encouraging parents to breastfeed their infants and to include iron-enriched foods in the diet of infants and young children is recommended. There is currently insufficient evidence to recommend for or against the routine use of iron supplements for healthy infants or pregnant women.

CDC Recommendations:

Infants Ages Newborn to 12 Months and Children Ages 1 to 5 Years Health professionals should assess all infants and young children for risk of anemia. Those at high risk or those with known risk factors need to be screened for iron-deficiency anemia with a standard laboratory test.

Universal Screening for Infants and Children at High Risk:

At ages 9 to 12 months, 6 months later (at 15 to 18 months), and annually from ages 2 to 5 years, screen those at high risk for iron-deficiency anemia, including:

- Infants and children in families with low incomes
- Infants and children who are eligible for WIC
- Infants and children who are migrants or recently arrived refugees

Selective Screening for Infants and Children with Known Risk Factors:

- In populations of infants and young children not at high risk, screen only those who have known risk factors for iron-deficiency anemia:

Before age 6 months, screen preterm infants and low birth weight infants who are fed infant formula not fortified with iron.

At ages 9 to 12 months, and 6 months later (at ages 15 to 18 months), screen the following:

- Infants born preterm or with low birth weight
- Infants fed non-iron-fortified infant formula for more than 2 months
- Infants fed cow's milk before 12 months of age
- Breastfed infants who do not receive adequate iron from supplemental foods after 6 months of age
- Children who consume more than 24 oz of cow's, goat's, or soymilk per day after 12 months of age
- Children with special health care needs who use medications that interfere with

iron absorption (e.g., antacids, calcium, phosphorus, magnesium), or those with chronic infection and inflammation, restrictive diets, or extensive blood loss

At ages 2 to 5 years, annually screen the following:

- Children who consume a diet low in iron
- Children with limited access to food because of poverty or neglect
- Children with special health care needs

Children Ages 5 to 12 Years and Adolescent Males Ages 12 to 18 Years

- Screen only those with known risk factors, such as low iron intake, special health care needs, or a history of iron-deficiency anemia.

Adolescent Females Ages 12 to 18 Years and Nonpregnant Women of Childbearing Age

- Screen annually those with known risk factors, such as extensive menstrual or other blood loss, low iron intake, or a history of iron-deficiency anemia.
- Screen every 5 to 10 years during routine health examinations.

Pregnant Adolescents and Women

- Screen for anemia at the first prenatal care visit.

Males 18 Years and Older

- No routine screening is recommended. Iron deficiency or anemia detected during routine examinations should be fully evaluated.

This reminder prompts clinicians to screen individuals who have the following recorded indicators within the electronic health record (EHR) system:

- age > 7 months and < 17 months; and
- no hemoglobin or hematocrit performed between 7 and 18 months of age

## **References**

1. Centers for Disease Control and Prevention. 1998, April 3. Recommendations to prevent and control iron deficiency in the United States. MMWR 47(No. RR-3).
2. American Academy of Pediatrics, Committee on Nutrition. 2003. Pediatric Nutrition Handbook (5th ed.). Elk Grove Village, IL: American Academy of Pediatrics.
3. American Academy of Pediatrics, Committee on Psychological Aspects of Child and Family Health. 1997. Guidelines for Health Supervision III. Elk Grove Village, IL: American Academy of Pediatrics.
4. United States Preventative Task Force

## **Web Links**

1. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm>
2. <http://www.aap.org>
3. [http://www.ahcpr.gov/clinic/uspstf/uspstfiron.htm](http://www.ahcpr.gov/clinic/uspstf/uspstf/uspstfiron.htm)

## **Implementation Notes**

Rule category	Anemia Screening
Rule title	Due for anemia screening
Primary Clinical Area	Pediatrics
Secondary Clinical Area	
Risk Group Definition	Age > 7 months and <17 months
Details for Risk Group	N/A
Triggering Condition	No hemoglobin or hematocrit performed between 7 and 18 months of age
Details for Triggering	Check EHR for age and date of most recent hemoglobin or hematocrit
Condition	hemoglobin hematocrit
Displayed Message	Patient is due for anemia screening
Coded Responses	Snooze Periods
A: Done today B: Screening done in office C: Done elsewhere D: Patient refuses E: Deferred F: Other G: H:	A': Forever B': Forever C': Forever D': 1 month E': 1 month F': 1 month G': H':

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